

IS POSTAGE



2006 2150 0005 74AN 7-37

Schwegman Lundberg
& Woessner P.A.

JAN 31 2008

First Class Mail

Relief

049J82042927

\$02.660

12/18/2007

Printed From 55402

S POSTAGE



SCHWEGMAN ■ LUNDBERG ■ WOESSNER

P.O.\Box 2938

Minneapolis, Minnesota 55402

DKT # 1370.249US1

TO:

Mr. Daniel Low

051 El Cajon Way

201-414-0130

Alto, CA 94303

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

EXHIBIT

ℓ

PRIORITY MAIL

UNITED STATES POSTAL SERVICE

www.usps.gov

LABEL 107R, OCT 1992

SENDER: COMPLETE THIS SECTION <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	COMPLETE THIS SECTION ON DELIVERY <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> A. Signature X </td> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee </td> </tr> <tr> <td style="border: none; vertical-align: top;"> B. Received by (Printed Name) </td> <td style="border: none; vertical-align: top;"> C. Date of Delivery </td> </tr> </table>	A. Signature X	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	B. Received by (Printed Name)	C. Date of Delivery		
A. Signature X	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee						
B. Received by (Printed Name)	C. Date of Delivery						
1. Article Addressed to: <div style="font-family: cursive; font-size: 1.2em; padding: 10px;"> Mr. Daniel Lewis 951 El Cajon Way Palo Alto, CA 94303. </div>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No						
2. Article Number (Transfer from send)	3. Service Type <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> </table>	<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail						
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise						
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.						
2. Article Number (Transfer from send)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes						

PS Form 3811, February 2004

Domestic Return Receipt

102595.02-M-1540